evaluation in patients with sciatica and suspected lumbosacral nerve root compression. While the study appears generally well done, I am concerned about several aspects of the calculations and the interpretation of some of the results. Firstly, the reported odds ratio for "male sex" appears to have been inverted; from the information presented it should be 0.55 and not 1.8. Secondly, the authors are inconsistent with rounding or truncation of reported values for the odds ratios; while some values were appropriately rounded, others were truncated where it appears that they should have been rounded up (for example, typical dermatomal distribution, less pain on standing or walking, less pain on lying down, history indicating root compression according to investigator, and paresis). Thirdly, there seem to be minor errors in several of the reported odds ratios or confidence intervals (for example, sports activities, finger to floor distance >25 cm, and hypalgesia); it is not clear if this relates to unreported missing values or something else, but the small magnitude differences based on the reported raw data do not substantially change the conclusions. Fourthly, the authors report a significant univariate odds ratio for the straight leg raise test (OR = 2.3, $p < 0.05$), yet because this test did not appear in the stepwise multivariate model, they concluded that "We were struck by the fact that the straight leg test was not a predictor of root compression. This test may indicate nerve root tesion or irritation, but not necessarily nerve root compression." Stepwise multivariate regression techniques can be helpful in selecting a good predictive multivariate model, but must be used and interpreted with caution, particularly in the presence of collinear variables. Correlated explanatory variables can interfere with attempts to find the "best" or even a satisfactory regression model. Furthermore, such techniques can yield biologically implausible models, can select irrelevant "noise" variables, and can fail to select biologically important variables. They are more appropriate for prediction (that is, anticipating the results in a future subject) than explanation.

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Reference

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Superficial temporal artery pseudoaneurysm following craniotomy

We read with interest the letter by Lee *et al* describing a case of postoperative superficial temporal artery pseudoaneurysm.[1] Although we agree that this complication is rare, we do not agree with their statement, "such a complication after cranial surgery has not previously been reported". Having recently submitted an identical case to a different journal, we too have reviewed the literature and feel obliged to share our experience.

In 1985, Rousseaux *et al* reported a case of an STA pseudoaneurysm that developed following a craniotomy for frontal lobe meningioma resection.[2]

In 1988, Shimoda *et al* reported a case of multiple STA pseudoaneurysms following a craniotomy.[3] Their haemophilic patient sustained a golf ball injury to the left temporal region, which resulted in an intraparenchymal haematoma. An emergent left temporal craniotomy was performed. Forty days after surgery, two separate STA pseudoaneurysms were identified over the incision scar and treated by endovascular embolisation. Although it is conceivable that the golf ball was responsible for the pseudoaneurysms, the relation of the pseudoaneurysms with the incision scar is compelling evidence that they were the result of the craniotomy.

In 2000, an additional case of an STA pseudoaneurysm that developed after a craniotomy was reported by Tsutsumi and colleagues.[4]

Given the number of craniotomies performed each year along the course of the STA, the occurrence of this complication is exceedingly low, but not unreported.

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2 **Rousseaux M**, Lesoin F, Barbastre, *et al*. [Postoperative aneurysm of the superficial temporal artery] (in French). *Neurochirurgie* 1985;**31**:461–3.
3 **Shimoda M**, Ikeda A, Sato O, *et al*. [A case of multiple superficial temporal artery pseudoaneurysms following craniotomy] (in Japanese). *No Shinkei Geka* 1988;**16**:797–800.
4 **Tsutsumi M**, Kawano T, Kawaguchi T, *et al*. Pseudoaneurysm of the superficial temporal artery following craniotomy—case report. *Neurol Med Chir* 2000;**40**:261–3.

BOOK REVIEW

Clinicians guide to sleep medicine

Edited by N J Douglas (Pp 242, £29.99). Published by Edward Arnold Publishers, London, 2002. ISBN: 0340 742054

As the preface to this book states, the last 30 years has seen a rapid growth in the awareness of sleep disorders. In particular epidemiological studies have shown that obstructive sleep apnoea/hypopnoea syndrome is a prevalent disease that causes significant mortality. However, as readers of this journal will be well aware, not all sleep problems are respiratory related and any clinician working in this area needs to be familiar with all types of sleep disorders in order to make a differential diagnosis. A strength of this book is that it provides basic information on all common clinical sleep presentations; for each a brief outline is backed up with key references.

The author is an international authority on sleep related breathing disorders, and indeed many of the recent randomised placebo controlled trials showing symptomatic improvements following the treatment of obstructive sleep apnoea/hypopnoea syndrome have been carried out in his laboratory. Therefore it is not surprising that the book provides an authoritative overview in this area. The non-respiratory sleep disorders are less well covered; although, it could justifiably be argued that this bias merely reflects the lack of research in these disorders. Areas where there is a lack of evidence to support clinical practice are clearly stated.

In summary, this is highly readable book that and provides practical information for those interested in broadening their knowledge of the management of with patients that present with common sleep disorders. Above all it makes the crucial point that education is the key for those working in this area—this simple book is likely to be a valuable resource for those seeking such an education.

Mary Morrell

Panayiotopoulos syndrome, a common and benign childhood epileptic syndrome

Edited by C P Panayiotopoulos (Pp 158, 345.00). Published by John Libbey, Eastleigh, 2002. ISBN 0 86196 619 8

Dr Panayiotopoulos has written this monograph cum swan song about the syndrome that he has put on the diagnostic map and to which his name has been attached. This childhood syndrome certainly breaks many "epilepsy rules". The seizures usually start with autonomic symptoms nausea, retching, or vomiting and evolve to altered awareness usually only after several minutes. Tonic deviation of the eyes follows, lasting many minutes, which may evolve into hemiclonic or tonic clonic seizures. Sometimes children suffer atonic seizures "ictal syncope", another atypical form. About half of patients have seizures, which last more than half an hour—technically status epilepticus—and yet prognosis is good, and one third of affected children only ever experience one episode, the median number is three. The EEG often shows occipital spikes but the spikes may also be elsewhere and in one third are multifocal, usually a poor prognostic sign in epilepsy but not in this benign syndrome. There is often fixation-off sensitivity: electrographic paroxysms which appear when the child is in complete darkness or in light but is not visually fixating. They are abolished by fixation, irrespective of ambient illumination.

He argues the case for a benign focal seizure susceptibility syndrome, including this condition and benign epilepsy with centrotemporal spikes as different expressions of a related underlying tendency.

In his book Dr Panayiotopoulos describes his syndrome in detail including all the clinical and electrographic variants, with numerous case histories. His clinical experience is manifest in the text, which presents his personal views. The main criticisms of the book are the quality of the publishing, with variable print quality and illustrations and that it requires substantial padding to turn this relatively narrow topic into a whole book. However, it will be a reference source for anyone wishing to appreciate the subtleties of this syndrome.

Mark Manford

Neuropsychological interventions, clinical research and practice.

Edited by Paul J Eslinger. (Pp 254, £38.00). Published by Guilford Press, New York, 2002. ISBN 1-57230-744-7

As the editor of this book says, at one time those who reported psychometric testing data